

LC-600 Rev. 4/99 4880-2362

Michigan Department of Consumer & Industry Services MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)

7150 Harris Drive - P.O. Box 30005 Lansing, Michigan 48909-7505 Phone (517) 322-1390 ~ FAX (517) 322-6347

VIOLATION REPORT

(Authorized by P.A.58 of 1998)

* Th	is report is not to be faxed or electror				
* Officers	s please obtain <i>License No.</i> , <i>Bu</i>	s. <i>ID</i> and <i>Fil</i> e	#directly from	the liquor license	
License No	Business ID			File #	
1. Name of Licensee _	2. Doing Business As				
3. Mailing Address (st	reet, city, zip code)				
4. Township	5. County				
6. Type of License(s)	& Permit(s)				
7. Date of Violation:	(DAY) Minor	(DATE)	(HOUR)	AM or PM	
8. Violation Type:	Intoxicated Person Gambling Controlled Substances Prohibited Conduct	After hours sales/consumption Fighting (must be inside licensed premises) Failure to Cooperate OTHER:			
	Was this a DECOY? on was NOT a decoy describe enf			JST answer below:	
9. Submit Report E	Below or Indicate Attached Report	#			
	* REMINDER, PLEASE MAIL TH	HIS REPORT	TO THE ADDRE	SS ABOVE.*	
	Name and Title (print)				
Officer Signature	Name an	d Title (print)_			
•	Name an	,—			

CONTINUED

WITNESSES

1. Name	Address	
Will testify to:		
2. Name	Address	
Will testify to:		
3. Name	Address	
Will testify to:		
4. Name	Address	
Will testify to:		
5. Name	Address	
Will testify to:		
	EVIDENCE	

Location Held (Explain):